

Case Number:	CM13-0022002		
Date Assigned:	11/13/2013	Date of Injury:	09/09/2006
Decision Date:	02/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male who reported an injury on 09/19/2006. The mechanism of injury was not provided within the medical records. His diagnoses include degenerative disc disease of the lumbar spine with radiculopathy and lumbar facet hypertrophy. At his 07/20/2013 office visit, a treatment plan was noted to include a prescription for Norco 5/325 mg #90, as it was noted that the patient stated Vicodin helps better than Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone/APAP 5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is necessary. Additionally, the guidelines require documentation of the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The clinical information provided for review

indicates that the patient reported previously taking Norco, as he stated that this medication had helped better than his prescription for the Tylenol No. 3. However, there is a lack of documentation regarding the patient's previous use of Norco. Furthermore, the detailed documentation required for the ongoing management of opioid medications was not provided in the medical record as provided by the guidelines. Therefore, the request is non-certified.